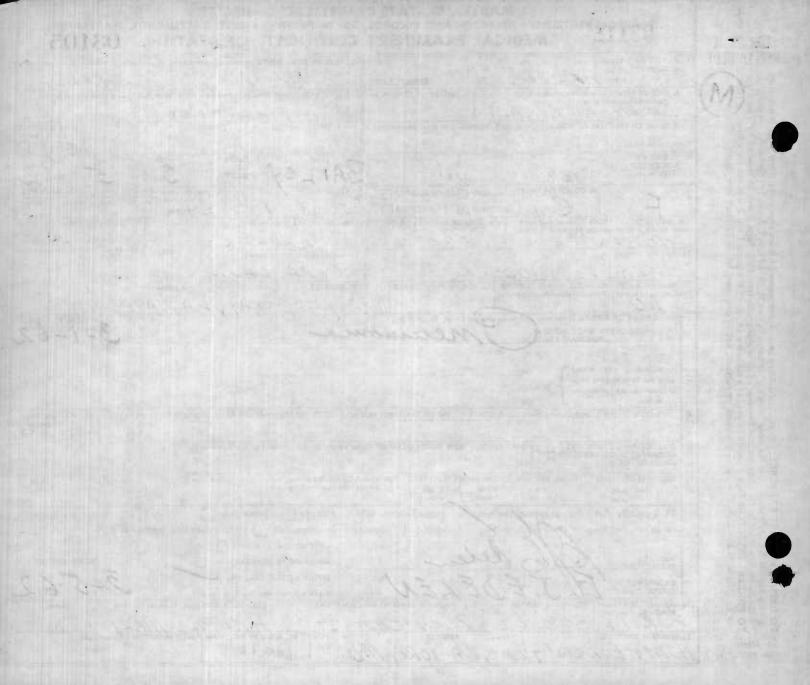
FOR STATE TO DEPUE: M. AL EXAMINER: This certificate should be executed within 24 hours after death. If any every, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board artically, or igs designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

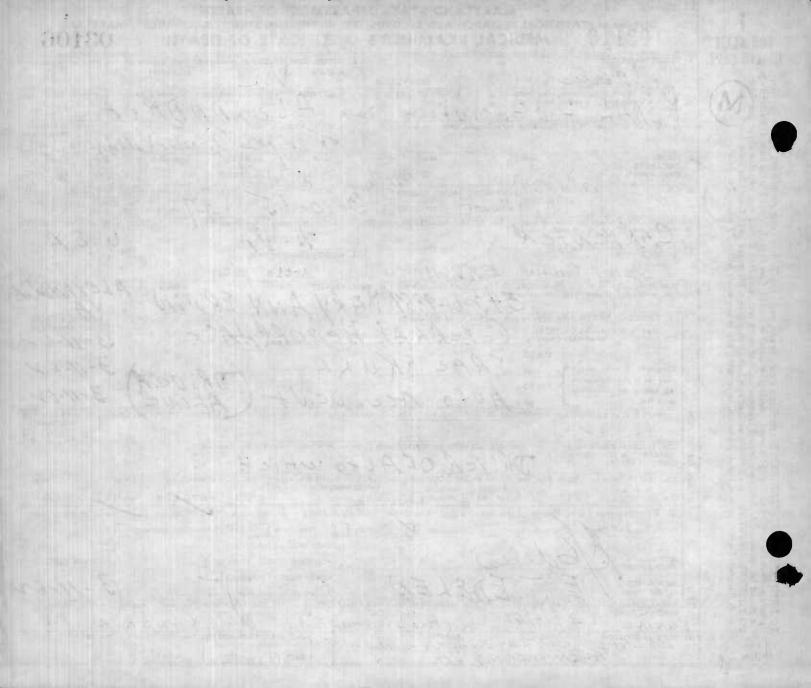
VS. A15ME 5M 9/60 1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH Pivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03105

1		a COUNTY .	b. COUNTY CHARLES
)		b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LA PLATA (RURAL)
(-		d. STREET ADDRESS O. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	1	NAME OF DECEASED (Type or print) BESSIE M. Middle BA	AILEY DEATH BOOK 1962
	1		G. 18, 1907 Styrs. Months Days Hours Min.
	do	TTOUSEWIFE DOMESTIC	MARYHAND 12. CITIZEN OF WHAT COUNTRY?
		LEMUEL DODSON 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFOR	CORA CHUN
		(Ifyesgive werordeles of service)	CELIA GRAY, LA PLATA, MD.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b)	NITERVAL BETWEEN ONSET AND DEATH ONE TAND DEATH
		geve rise to immediate cause (a), steting the underlying DUE TO cause lest. (c)	
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED? YES NO
	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF While Not While at work at work at work	INJURY (Home, farm, ' 20f. (City or town) (County) (Stata)
		21. I certify that I took charge of the remains described above, held an death resulted from: Accident . Suicide .	Autopsy, Inspection, Inquiry, and in my opinion, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER
5		EXAMINER'S FOR SELECTION M.I.	D. ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER D
-	22e.	NAME (Type) 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREM. REMOVAL (Spacify)	Address (Street, city, lown, or county) ATORY 22d. LOCATION (City, lown, or country) (Stete)
	23.	DURIAL 13-9-62 / ZION BAPTI. 3. FUNERAL DIRECTOR HUNTT FUNEVAL HOME WALDORF, MD.	248. REC'D BY REGISTRAR 246/ REGISTRAR'S SIGNATURE DATE MAR 1 2 '62 LULING S. Krama
	/ /	The state of the s	I DAIR



1 100	It	em 20 Film 309 3-21 MARYLAND STATE DEPARTMENT OF HEALTH
1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	_	U3110 MEDICAL EXAMINER'S CERTIFICATE OF DEATH U3106
HEALTH DEPT.	1.	PLACE OF SEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Sary Sary		MARYLAND 8. STATE D. COUNTY
8 5 7 A		b CTY OR TOWN (if outside corporate limits, write RUBAL and give nearest town) write RUBAL and give nearest town)
To a de la company		NOKAL FIDEMENUILLE IDRY TLEXANDINIT 83X'3
D TO SO		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
ned her h.	-	Inepla Thailer Village YES NO
any ne fu etaii e Sta deal	3.	NAME OF DECEASED First Middle Lest 4. DATE Month Pay Year OF OF OF A DEATH 2 1/ 10/2
# to be to #	-	STY LESSON OF THE PROPERTY OF
d 3 d 3 viit viit viit s	3.	Markiel Min. Months Days Hours Min.
S S and	10	WIDOWED DIVORCED 1 7 7 9 4 yrs. 112. CITIZEN OF WHAT COUNTRY?
s 1, 2 age age 72		one during host in working life, awar it retired
3. Pour Bles	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
PW PW		BENIAMIN ERVIN Artie Wymer
E E E		WAS DECEASED EVEN IN U.S. ARMED FORCES? 116, SOCIAL SECURITY NO. 1 17. INFORMANT Address Alexander
d with fe	(Y	is, no, or unkown) (ffyasgiva war or datas of service) 1/3-01-9859 MARVA FRWIND HAVINERA
Liter I then I ag	-	18. CAUSE OF DEATH [Enter only one cause pay line for (a), (b), and (c).]
exe ill in ilong ansi and i		PART I. DEATH WAS CAUSED BY: CEREBAAL HENORPHACE ONSET AND DEATH
d be one ce a al-tr		825 X DUE TO 11 CC
Our out		Conditions, if any, which) by FRAC SKULL For 2 3-11-62
ing"s		gave rise to Immediate causa (a), stating the undarlying DUE TO
ficat mine ed a		causa last. (c) A +O ACCI DENT (ALONE) 2-4-62
Exa Exa	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTANCE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
wor wor lical	FIG.	YES NO
Medishoul	CERTIFF	20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
ing ing buri		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
AN Page 08	MEDICAL	Hour e.m. White Not White Stationy, street, office bldg., atc.)
EX ate, ate, or the orion	2	7:30 xpGx 3/11 19 62 at work at work Hway Hughesvitte Chas Md. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
AT Hiffigure of the party of th		death resulted from Natural causes , Accident . Suicide , Homicide , Undetermined manner
age age		CHIEF MEDICAL EXAMINER
M for the		SIGNATURE (A COLLEGE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
PUTY I execute uld be for NERAL designat		EXAMINER'S F = 5 5 6 / 5) DEPUTY MEDICAL EXAMINER 3
DEPUIT I	1_	NAME (Typa) / Address (Street, city, town, or county)
	228	BURIAL, CREMATION, 22b. DATE HERFOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 g 4 0 g	1	PURIAL S/14/62 104 HILL CEMETERY ALEXANDRIA, VA.
VS. A15ME	23	FUNERAL DIRECTOR - WHEATLEY FUNERAL HOME 248. REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60 BK	_	ALEX ANDR'IN, VA DATEGAR 13'62 Julian & Knows



FOR STATE HEALTH DEPT. TO DEPUTY ME. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board pt-Health, or its designated egent, prior to burial, cremation, or removal, end in any event within 72 hours after death.

VS. A15ME 5M 9/60

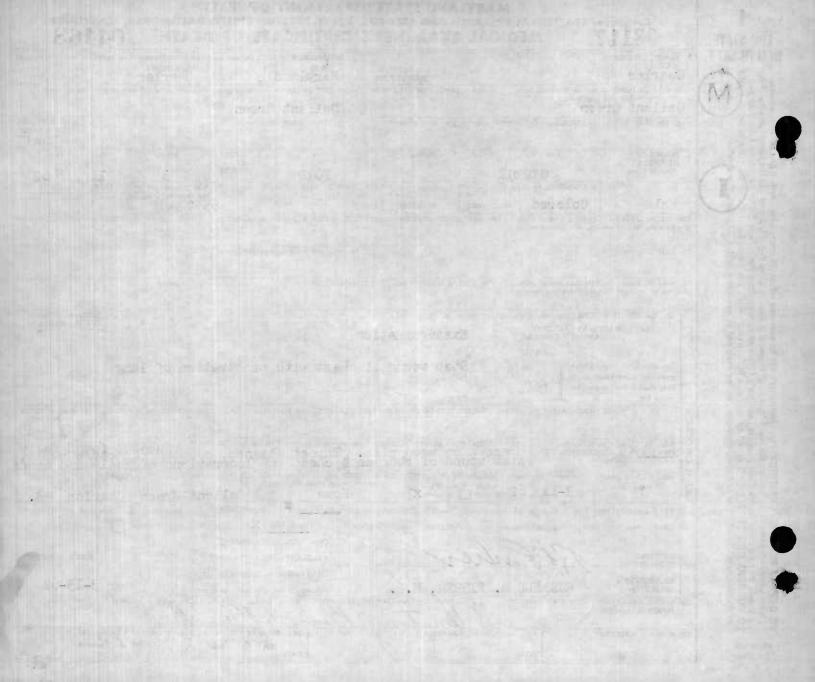
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13117 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

044CO

MARYLAND STATE DEPARTMENT OF HEALTH

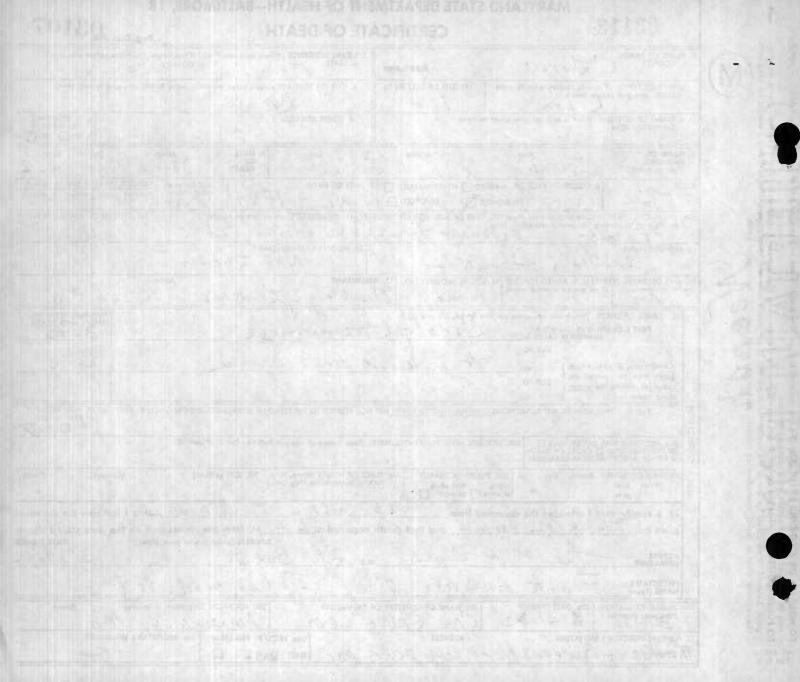
				V # - V -	
1. PLACE OF DEATH a. COUNTY			b, COUNT	stitution: Residence before edmissi Y	on)
Charles MARYLAND	Maryland		Charle	25	
b. CITY OR TOWN (if outside corporate limits, write RURAL end give naarast lown) Gallant Green	Gallant		rete limits, write I	RURAL end give neerest town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRES			IS RESIDEN ON A FAR YES NO	M?
3. NAME OF First Middle	Last	4. DATE	Month	Day Yaar	
(Type or print) GEORGE	FORD	OF DEATH	3	11 1962	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9.	1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HE	_
Male Colored WIDOWED DIVORCED		5	5 ? yrs.	Months Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if refired)	Y 11. BIRTHPLACE (Sta	ata or foraign coun	itry)	12. CITIZEN OF WHAT COUNT	RY?
13. FATHER'S NAME	14. MOTHER'S MAIDE	EN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
(Yas, no, or unkown) (Ifyas giva war or datas of service)					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exsanguinatio	n			INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which) by Stab wound of	chest with	penetra	tion of	lung	
gave rise to immediate cause (a), stating the undarlying cause lest. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY PA or CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH. 208. DESCRIBE HOW INJURY OCCURED. (E. CAUSE OF DEATH.)	T RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO	
Down Woodia of abaome	. Throat s	lashed, nd lacer	compound ations	ject found full fracture skull of scalp and han	y
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, fory, street, office bldg.,	arm, 20f. (City	or town)	(County) (State)	
Haur e.m. 3-11 19 62 White Not White at work	Home	Gall	ant Gree	n Charles Md.	
21. I certify that I took charge of the remains described above, he	ld an Autonsy	Inspection	. Inquiry	, and in my opinio	n
death resulted from: Natural causes, Accident, Suici		le 🔀 Und	etermined ma	nner 🔲	
26/20	CHIEF MEDICA	AL EXAMINER			
ACTUAL SIGNATURE	M.D. ASSISTANT M	EDICAL EXAMINE	R 🗍	DATE SIGNED	
PVHMINEDIS		CAL EXAMINER		2 72 /2	
NAME (Type) RUSSELL S. FISHER, M.D.		at, city, town, or co		3-13-62	-
220. BURIAL, CREMATION, REMOVAL (Spacify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY BOARS	22d. LOCATION	on (City, town, o	or country) (State)	
23. FUNERAL DIRECTOR ADDRESS		REC'D BY REGISTR	//	TRAR'S SIGNATURE	
	DATE	MAY 4 '63	Und	thur S. Thomas	



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physician.	tas been signed by the	riol-transit permit. Ther	noval, and in any event
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ending physician.	ficate has been signed by the	the buriol-transit permit. Ther	ar removal, and in any event
attending physician.	ertificate has been signed by the	os the buriol-transit permit. Ther	ion, ar removal, and in any event
I ar attending physician.	is certificate has been signed by the	use os the buriol-transit permit. Ther	mation, or removal, and in any event
sital ar attending physician.	r this certificate has been signed by the	for use as the buriol-transit permit. Ther	cremation, ar removal, and in any event
nospital ar attending physician.	After this certificate has been signed by the	ed for use as the buriol-transit permit. Ther	ial, cremation, ar removal, and in any event
hospital ar attending physician.	. After this certificate has been signed by the	ached for use as the buriol-transit permit. Ther	burial, cremation, ar removal, and in any event
hospital ar attending physician.	. After this certificate has been signed by the	detached for use as the buriol-transit permit. There	to burial, cremation, ar removal, and in any event
hospital or attending physician.	After this certificate has been signed by the	be detached for use as the buriol-transit permit. There	ior to burial, cremation, or removal, and in any event
ned hospital ar attending physician.	DIREC. After this certificate has been signed by the	uld be detached for use as the buriol-transit permit. Ther	r prior to burial, cremation, ar removal, and in any event
hed hospital ar attending physician.	IERAT DIREC. After this certificate has been signed by the ottending physicion ond campletely filled in By the funeral dire	3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed	aistror prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

1	03118 CERTIFICATE OF DEATH Reg. Dist. N	03107		
M	1. PLACE OF DEATH o. COUNTY There deceased lived. If institution: Residence be o. STATE O. STATE There deceased lived. If institution: Residence be o. STATE There deceased lived. If institution: Residence be o. STATE O. STATE There deceased lived. If institution: Residence be o. STATE O. STATE There deceased lived. If institution: Residence be o. STATE O. STATE There deceased lived. If institution: Residence be or STATE O. STATE There deceased lived. If institution: Residence be or STATE O. STATE There deceased lived. If institution: Residence be or STATE O. STATE There deceased lived. If institution is residence be or STATE O. STATE There deceased lived. If institution is residence be or STATE There deceased lived. If institution is residence be or STATE O. STATE There deceased lived. If institution is residence be or STATE O. STATE There deceased lived. If institution is residence be or STATE There deceased lived. If institution is residence be or STATE There deceased lived. If institution is residence be or STATE There deceased lived. If institution is residence be or STATE There deceased lived. If institution is residence be or STATE There deceased lived. If institution is residence be or STATE There deceased lived. If it is the state is residence be or STATE There deceased lived. If it is the state is residence be or STATE There deceased lived. If it is the state is residence be or STATE There deceased lived. If it is the state is residence be or STATE There deceased lived. If it is the state is residence be or STATE There deceased lived. If it is the state is residence be or STATE There deceased lived. If it is the state is residence be or STATE There deceased lived. If it is the state is residence be or STATE There deceased lived. If it is the state is residence be or STATE There deceased lived. If it is the state is residence be or STATE There deceased lived. If it is the state is residence be or STATE There deceased lived. If it is the state is residence be or S	1		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neglect town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neglect town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give neglect town)	nearest town)		
X	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF DECEASED (Type or print) Stanley First Middle Franklin DEATH Death Of DEATH	Day Year 1962		
	5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last withday) Months Days			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TENANT TARMER 12. CITIZEN Charles Co. Jed	U-S.		
(T)	13. FATHER'S NAME William Frontlin \$14. MOTHER'S MAIDEN NAME Known.			
(7)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dollar of service) NOUE NO. E. Lintuis Rison	, 82d		
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).]	NTERVAL BETWEEN NSET AND DEATH		
	Conditions, if any, which) (b) Hypertens we deart Disease	29 rs.		
	gave rise to immediate code (o), stating the under-lying couse last.			
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)			
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED Count factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	ty) (Stote)		
21. I certify that I attended the deceased from 1961, to 274-019, 1962, the				
ADDRESS (Street, city or town, stote)				
1	PHYSICIAN'S Frant A Susan OT. D. Indian Head, old.			
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 3-21-62 OAK GROVE CEM. NAVIEMON. M.	(State)		
Ro	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAT THE HANT FUNE 121 HOME. WIALDORF MV DATE BAR 23 62 CURLING S. H.			
10				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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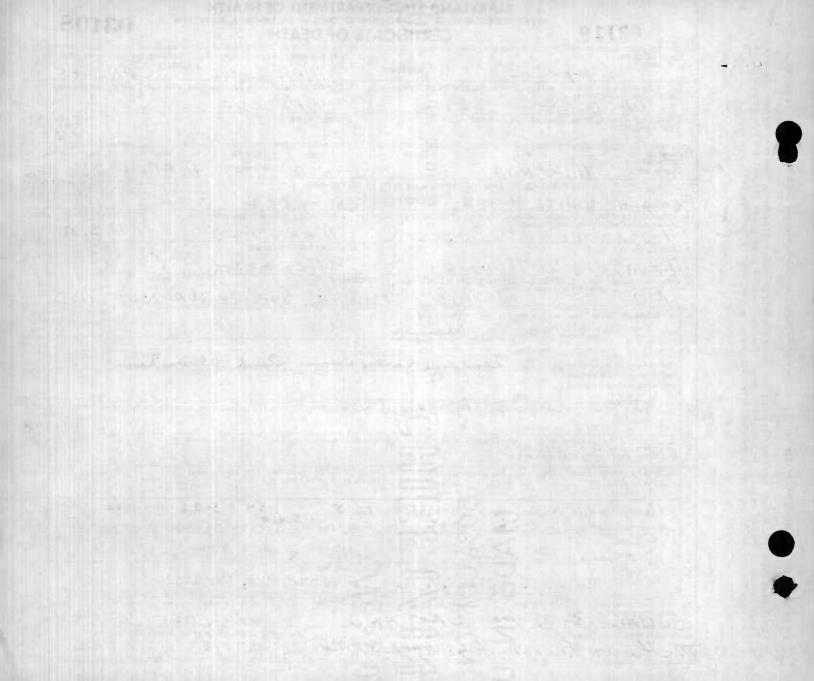
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03108

1. PLACE OF DEATH a. COUNTY CHARLES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. LLDO 1 6.5
b CITY OR TOWN (If outside corporate limits, write c IENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and, give nearest town) WALDORF LIFE	X WALDORF
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MIRANDA E	GARNER 4. DATE Month Day Year OF DEATH MARCH 26, 1962
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE WHITE WIDOWED DIVORCED	FEB. 2.1882 BO yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSE WORE 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A. 14. MOTHER'S MAIDEN NAME
LEMUEL Williams	Elizabeth .
	NFORMANT Address
(If yes, give war or odies of service) NONE Ha	OWARD GARNER WALDORF MD.
gove rise to immediate couse (o), stoting the under-lying couse lost.	Vocaler Rand alhurs Direct
CATIC	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🗵
	D. (Enter noture of injury in Port I ar Port II of item 18.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While at work of wark	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) ctory, street, office bldg., etc.)
220. SIGNATURE	12-5 19-54, to 3-26, 19-62, that (1) (we) last death occurred of 45-74, from the couses and on the date stated above. ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) RICHARD H. DOBSON M.D.	22d. ADDRESS Brandywine, Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF BURIAL 3-28-62 OAKLAN	ID WALDORF, MJ.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
The HUNTT TUNERALHOME WALDOK	P.F. M.D. DATE MAR 3 0 '62 arthur S. Kraus

may be Sined
TO FUNERAL DIRECTOR TO HOSP VR A15 (4) 1SM 9/59

IDING PHYSICIAN: The law requires that the death certificate be executed within 24



TO HOSP

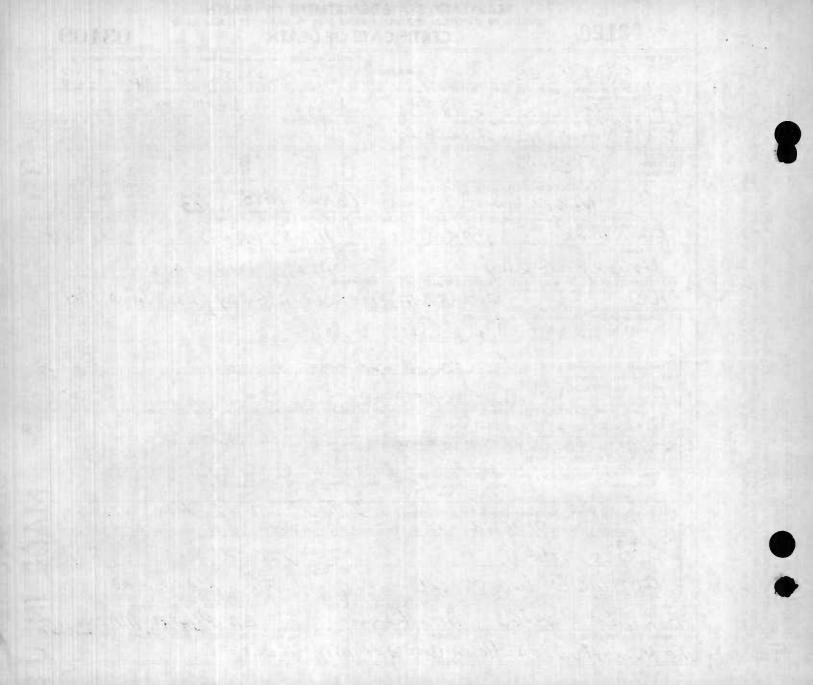
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03120

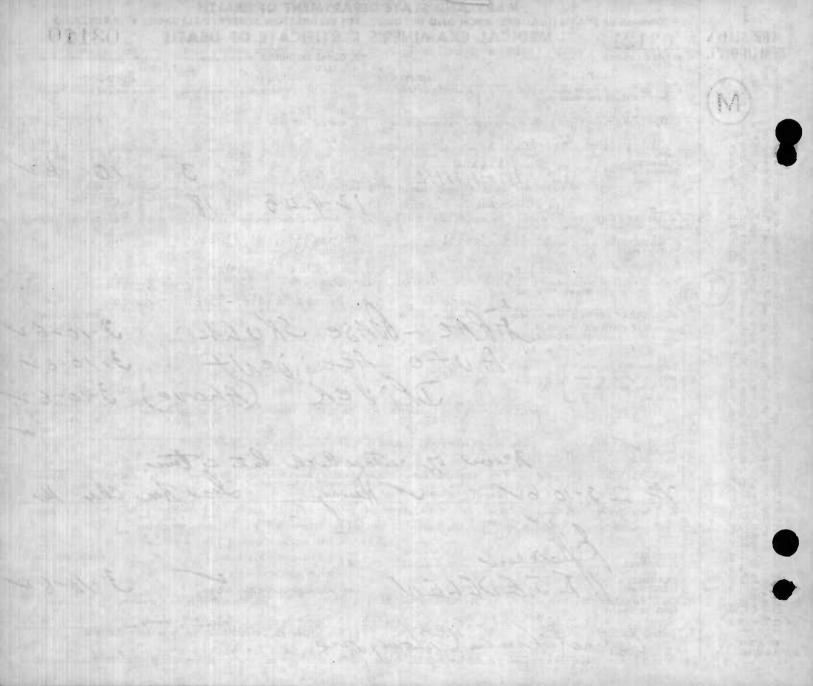
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03109

		COUNTY CHARLES	MARYLAND	2. USUAL RESIDENCE (Where	b. COUNTY	CHARLES
) =	ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If outsi	de corporote limits, write RI La Plata	URAL ond give nearest town)
	C	A. NAME OF HOSPITAL (If not in haspital, give street PRINSTITUTION (AHS MEMO		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
H		NAME OF DECEASED Type or print) GOVGE	9 acy	gray 4	OF DEATH MON	10h 20 1962
	5. S	ARAIA Alica	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 189	9. AGE (In years loss big holdy) 3. yrs.	Months Doys Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work dane) 100 during most of working life, even if retired)	FARMING	MARYL	AND	U, S, A.
1	13. 1	HENRY GRA		14. MOTHER'S MAIDEN NAM	WALLACO	
		WAS DECEASED EVER IN U. S. ARMED FORCES? (I. no. of inhappya) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. 11 215-38-3371	NASCELIA G	RAY, LAP	MATA, Md.
		1B. CAUSE OF DEATH [Enter only one cause par PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (o), (b), and (c).]	Collago		INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which) (b)	erebent 1	rascolon ac	crolent	5 days.
		gove rise to immediate couse (a), stating the <u>under-lying couse last.</u>	interoscle	on.		4 years.
0	CATION	Drahetra + Syp	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES □ NO ☑
	CERTIF!	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Por	t or Port of item 18.7	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. Whi p. m. 19 at w	le Not while fo	ACE OF INJURY (Hame, farm, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify that (1) (this hospital) attentions the deceased alive on 20 Mar.		4 4 4		19 GZ that (I) (we) lost and an the date stated above
		220. SIGNATURE		ATTENDINGMED.	STAFF PHYS.	2 1 Marie 2
		22c. PHYSICIAN'S MALE TYPE HUR O. WOO	DDY. MD	LAPLAT	A. MARYL	AND
	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 23	LA PLATA	or county) (Stote) MARYLAND
R	24. Th	FUNERAL DIRECTOR'S SIGNATURE THE HUNTTFUNGRALT	HOME, WALDOR	F, MO. DATE		STRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH MEDICAL EXAMINER'S HEALTH DEP Item 3 Film G309 USUAL RESIDENCE (Whare daceased lived, If Institution, Rasidence before admission) 1. PLACE OF DEATH a. COUNTY essary, ir. Page a. STATE b. COUNTY Charles Maryland Charles MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Indian Head Indian Head d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE 80 ON A FARM? Indian Head Road Elder Place YES NO K 3. NAME OF Middle 4. DATE Month Yaar DECEASED OF (Typa or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last bisthday) Months WIDOWED DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Give Pages rm PM3. Pag Richmond , Jirginia U.S.A. School Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas H. Headley Edna Edwards -transit permit. File and in any event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address in Item 18. (Yes, no, or unkown) | (Ifyes give war or datas of servica) None Mr. Thomas Headlev-55 Elder Place 18. CAUSE OF DEATH [Enter only one(cause par lime for (a), (b), and (c),] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **burial-**DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO rd "pending (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY PERFORMED? 2 NO T Medical plnods 208. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of itam 18.) writing Chief 3 bur | 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, the Chie R: Page Month, Day, Year 20f. (City of lown (Slata) factboy, street, office bldg., atc.) Not Whila While. al work at work forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Adopsy Inspection Inquiry and in my opinion Accident A Suicide [death resulted from: / Name causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL 2 DEPUTY MEDICAL EXAMINER EXAMINER'S should should NAME (Typa) La Daddress IStreet, city, 10Wn, bricounty) 22a, SURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) Q40 9 Trinity Lemorial Gardens Jallorf . Maryland Buria 23. FUNERAL DIRECTOR 24a. REC'D 8Y REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DATHAR 1 4 arthur S. Krous 5M 7/59



EARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE HEALTH DEPTA 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) Health a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Jutside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) ò DORF d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 1960 OR RACE 7. MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthdey) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ONE 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORM along with transit permit 18. CAUSE OF DEATH [Enter only one cause post line for (a), (b), and (c).] Office alon IMMEDIATE CAUSE (e) DUE TO гетома Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying 98 cause last. (c) pe nseq PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X CERTIFIC. 0 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. co 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 966 fectory, street, office bldg., etc.) While Not While et work 1962 at work 21. I certify that I took charge of the remains described above held an Autopsy Inspection Inquiry and in my opinion Natical causes Suicide Undetermined manner death resulted from: Accident . Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lown, or county) DEP shoul 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country (State) REMOYAL (Specify) 240 9 URIAL 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 6 '62 HUNTT FUNERAL HOME, WALDORF, 5M 7/59

LAND STATE DEPARTMENT OF HEALTH

图 14 20 PH TO 18 A A S 2 A D 18 2 A D

AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Page b. COUNTY files. CHARLES MARYLAND b. CITY OR TOWN (if outside corporate timits, director. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) write RURAL and give nearest town WALDORF (RURAL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS or refained 3. NAME OF First 4. DATE Middle Month DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX last birthdey) Months WIDOWED DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) EMI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, np, gr unkown) | (Ifyes give wer or detas of servica) with 18. CAUSE OF DEATH lEnter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gava risa to immadiala cause DUE TO (a), stating the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, form,) 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) factory, street, office bldg., atc.) While Not While at work et work 21. I certify that I took charge of the remains described above held an Autopsy Inspection Inquiry please execute the certification is should be forwarded to FUNERAL DIRECTO Homicide Undetermined manner death resulted from: Accident Suicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Addrass (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) URIAL 040 ADDRESS 24e. REC'D BY REGISTRAR I 23. FUNERAL DIRECTOR VS. A15ME NERAL HOME WALDORF, arthur & Thousand '62 5M 7/59

e. IS RESIDENCE

YES NO 154

1967

PERFORMED? NO

(State)

and in my opinion

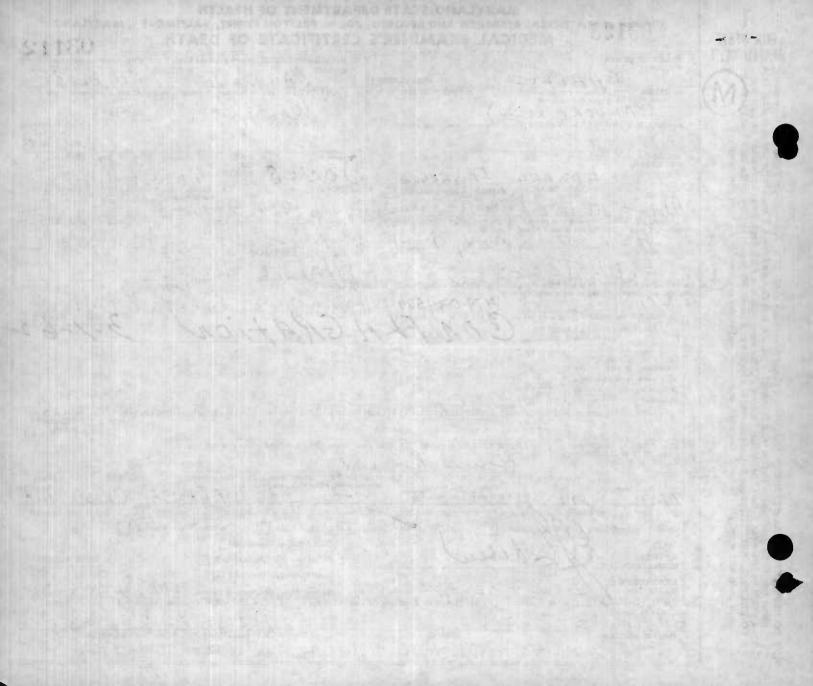
IF UNDER 24 HRS.

Hours

Year

Dey

ON A FARM?

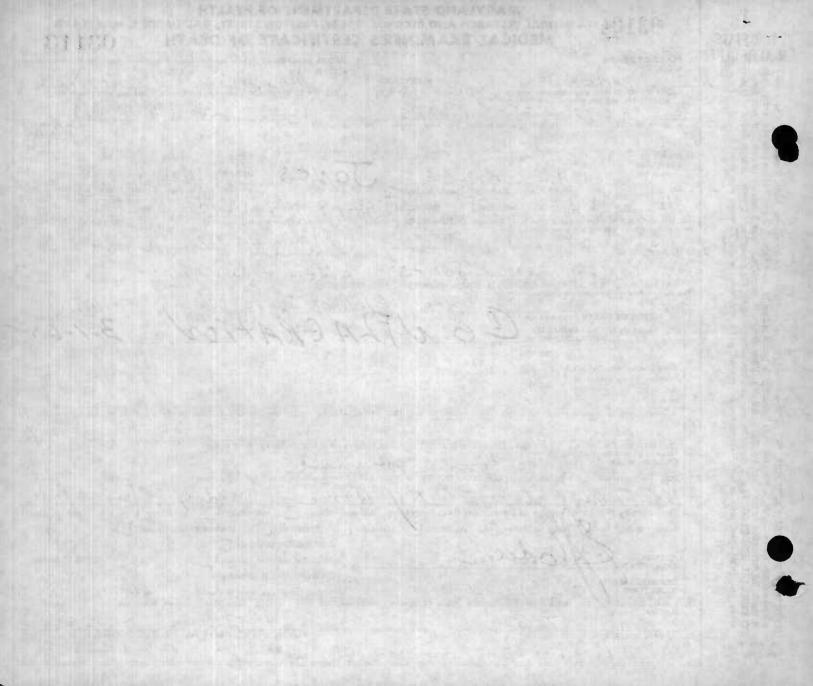


-FOR STATE HEALTH DEPT TO DEPLY IN SAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tand 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event Within 72 hours after death.

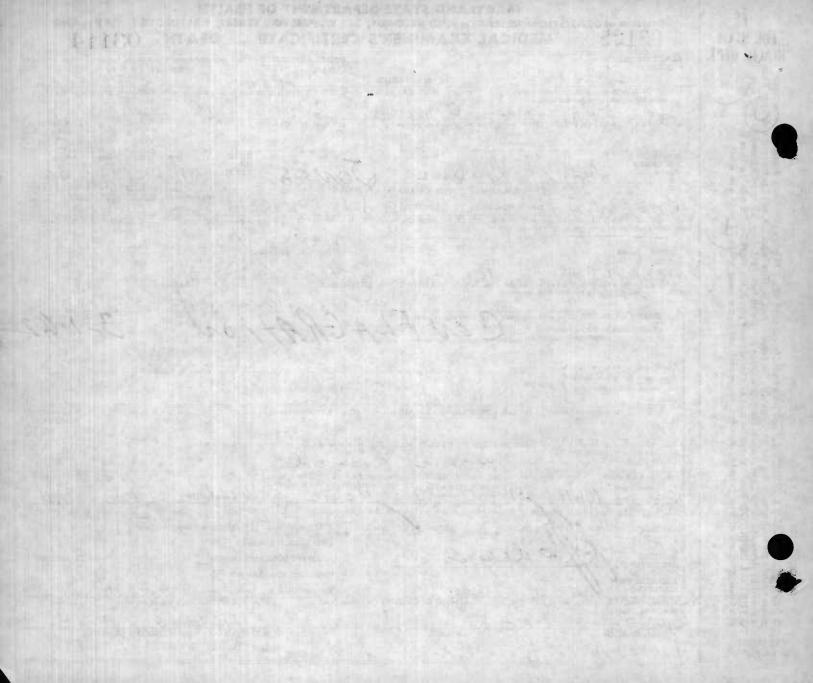
VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03113

.1		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before admission)
		CHARLES MARYLAND	. STATE MARYIDAD 6. COUNTY CHARLES
		b. CITY OR TOWN (if outside corporate limits, PAL c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town)
		WAL DORF 12 VRS.	X WALDORE (RURAL)
,		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS
			ON A FARM?
		NAME OF First Middle	Last 4. DATE Month Dey Yeer
		(Type or print) TOWAL ROUGE	TONES DEATH MARCH 1, 1962
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	MALE WILLIAM WIDOWED DIVORCED IN	last birthdey) Months Days Hours Min.
	10e	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	dor	na during most of working life, aven if retired)	AA n n is a second to the seco
1	13	STUDENT FATHER'S NAME	14. MOTHER'S MAIDEN NAME
/	5	- In Divisi Taile	6/2-
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Eleanor SWANN
		s, no, or unkown) (Ifyesgivewerordetesofservice)	NFORMANT
		NO PONE E	GANDR JONES, WALDORF, MD.
		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c))	N C D A 1 'n C D NSET AND DEATH
		IMMEDIATE CAUSE (e)	-1+ 5/19/10/ 2-1-62
		DUE TO	
		Conditions, if eny, which (b)	
		geve rise to immediate cause (e), stating the underlying DUE TO	
		cause last. (c)	
3	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION		YES NO
	RTIF	20€. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	nter netura of injury in Pert I or Pert II of item 18.)
		CAUSE OF DEATH.	rned
0	MEDICAL		CE OF (NJURY (Home, farm, 20f. (City or town) (County) (State)
	MED	Hour Man / 19/ While Not While at work at work	Home Waldord Chas Md
		21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
-		death resulted from Netural causes , Accident , Suici	de , Homicide , Undetermined manner
			CHIEF MEDICAL EXAMINER
		ACTUAL (XKO Celen	ASSISTANT MEDICAL EXAMINER DATE SIGNED
2		SIGNATURE	DEPUTY MEDICAL EXAMINER FA 3-1-62
		NAME (Typa) / E.J. EDELEN	Address (Street, city, town, or county) LA PIATA, MD.
	22a.	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	
	1	SURIAL Specify 3-7-62	PITTSBURG, KANSAS
	23.	FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	+	TUNIT FUNEYOI HOME, WALMEF	MD. DATE MAR 6'62 arthur S. Kroun



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1314
HEALTH DEPT.	1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)
Page, lies.	O. COUNTY CHARLES MARYLAND O. STATE MARYLAND b. COUNTY CHARLES
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town)
(82)	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS (RURAL) 1 e. IS RESIDENCE
he ed a	ON A FARM? YES NO ST
any he fui etain deat	3. NAME OF DECEASED Middle Last 4. DATE Month Day Yeer OF
th. If an to the be ret he the he the sifter de	(Type or print) //ARK KANDALL ONES DEATH //ARCH 1962 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
and 3 to may b may b with ours aft	MARKIED NEVER MARKIED NEVER MARKIED NEVER MARKIED NO. 12 1061 lest birthdey) Months Deys Hours Min.
5 SA CO.	106. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY) 11. ABRTHPLACE (State or foreign country)
hours aff ages 1, 2 3. Page Tan	done during most of working life, even if relired) MARYLAND UIS.A.
24 ho	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Give Give	EDWARD LAWRENCE JONES KLEANOR JWANN
With Tornit. For	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no ortunkown) (If yes give were ordeles of service)
ted vith with perm	1 18. CAUSE OF DEATH [Enter only one cause per Ame for (e), (b), and (c)]
il in l long long ansit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ON THAT IMMEDIATE CAUSE (b)
be a send	9 / A DUE TO
ould in policion of policion o	Conditions, if eny, which (b)
ing's er's er's as a	geve rise to immediate cause (e), stating the underlying DUE TO
ifica sed a	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
rd " rd " lex	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTION OF C
This we adica	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
NER: ing the jef Me 3 sho	17 11 10 10 10 10 10 10 10 10 10 10 10 10
Arriting Chie	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) 10 10 10 10 10 10 10 1
1 00 LUD	
If EX	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
the certificance of DIRECT	CHIEF MEDICAL EXAMINER
Det bed	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
execute from the formuld be form	EXAMINER'S DEPUTY MEDICAL EXAMINER A 3-1-62
DEPUTY M. A. A. Base execute the certification of the converded FUNERAL DIRECT its designated agent,	NAME (Type) L. L. L. L. C. C. Address (Street, city, town, or county) Address (Street, city, town, or county) L. L. L. C. C. L. C
	REMOVAL (Specify)
HH	23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS. A15ME 5M 7/59	HUNTT FUNERAL HOME, WALDORF, MD. DATE MAR 6'62 Colling S. Thomas
1 5.3.3	1 0 7 7 1 0 7



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	offent.					
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shauld b	M		PLACE OF DEATH o. COUNTY Charles MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Charles
Page, Page		I	b. CITY OR TOWN (It ownide corporate limits, write RURAL ond give necrest town) Indian Head	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marbury (Rural)
priar to	X		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Route # 210	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \).
ny d nnere your fill sgistrar			NAME OF First Middle DECEASED (Type or print) MATTIE LEE	Lost 4. DATE Month Doy Year OF DEATH March 3, 1962
h. If a the fund far the re		5. \$	Female 6. COLOR OR RACE 7. MARRIED NEVER	B. DATE OF BIRTH June 24, 1940 9. AGE (In years lift UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
and 3 to a retain and 2 will		10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic House Jons	TRY 11. BIRTHPLACE (State or foreign country) Charles County,d. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
es 1, 2, 5 may b ges 1 a	(I	13.	FATHER'S NAME Thomas Winston Posey	14. MOTHER'S MAIDEN NAME Esther King
ve Page Page File po		(Yes	no, or unknown) I (If was nive war or dates of service)	NFORMANT Address Address Address Address Address Apryland
auld be executed with pencil in Item 18. Galang with farm PM3 burial-transit permit.	V.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause last. (c)	estrens including Interval Between ONSET AND DEATH I I was sheet with Right upper Extremely
icate st ing" in Office ed as a	N	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
is certiful pend miner's d be us	2	CERTIFIC	200. EXTERNAL CAUSE WAS _ 20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Port I or Port II of item 18.) nger in a light pick up truck which made ath of an oil truck coming in opposite
NER: This he ward ical Exam 3 shauld	180	AEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ICE OF INJURY (Home, farm, 20f. (City or town) direct (Country) throughtory, street, office bldg., etc.) Thurday Rt 210 Indian Head Charter Ted.
EXAMIT rriting the ef Medi			21. I certify that I took charge of the remains described about	ove, had an Autopsy . Inspection Inquiry and find that
HEDIEN EN	0	do	ACTUAL SIGNATURE - Lank G. Cluster	icide
ASSISTANT MEDICAL PROPERTY ASSISTANT MEDICAL PROPERTY MED				ASSISTANT MEDICAL EXAMINER Indian lead, Larylan
cute the farwar TO FUNE	1	220	BURIAL CREMATION, 22b. DATE THEREOF 2/7/1952 Pleasent Gro	
	V Do	\$ 23.	FUNERAL DIRECTOR'S SIGNATURE INCLUDE SOORESS TO THAT TUMERAL TOME INC La Flata	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

1 tem 20 Film 30 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03128

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03117

1. PLACE OF DEATH o. COUNTY CHARLES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CHARLES
GIARLES	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	
FAULKNER	A CHARLES FAULKNER
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) GEORGE B.	LYNCH DEATH MARCH 6, 1962
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In under 1 Manths In under 24 HRS In under 24
MALE WHITE WIDOWED DIVORCED	MARCH 18, 1889 72 yrs.
Oa. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) AUTO-RETIRE	NARWAND U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. PATTER STRANGE	
JOHN D. FYNCH	INFORMANT Address
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	
WWI 220-32-694/	MARGARET LYNCH FANKER, MD.
1B. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	eretransaular occlusion 5 islans.
DUE TO	19 years
Canditions, if any, which (b) (b)	como receios.
cause (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO BE TO	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5	YES NO P
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 1B.)
	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State
Haur a. m. While Nat while	factory, street, affice bldg., etc.)
p. m. 19 at wark at wark	
21. I certify that (I) (this hospital) attended the deceased from	19 59, to March, 1962, that (1) (we) las
saw the deceased alive on 3 4 1962 and that	death occurred at I M, from the causes and an the date stated above
22a. SIGNATURE	22b. DATE
John Marie	M.D. ATTENDING MED. STAFF PHYS. SIGNED
22c. PHYSICIAN'S	4. 22d. ADDRESS
NAME (Type) F-MINOHNSON	MP LA PLATA MYC
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
BEMOVAL (Specify) 3-9-62 St MA	RUS BRVANTOWN, MD.
24. FUNERAL DIRECTOR'S SIGNATURE , ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
The 11 = 6 Hour 11/2, 200	PAD. DATE MAR 12'62 arily S. Hairs
MCHONI PUNCINI HOME, WHILDOR	J. J. DAIE

may be remined TO FUNERAL DIREC TO HOSPI VR A15 (4) 1SM 9/59

er death. Page 4

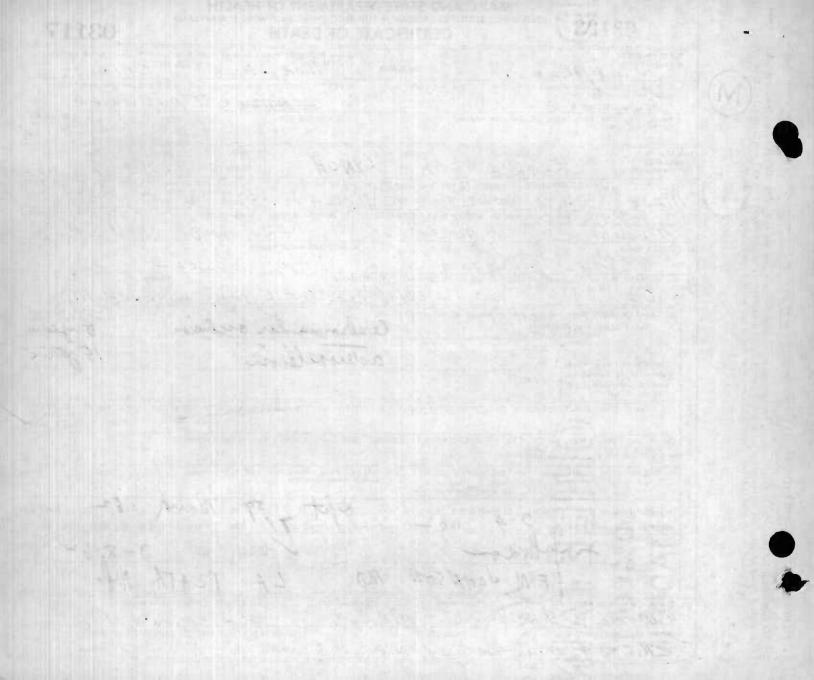
filed with

After this certificate has been signed by the attending physician and completely filled in by the funeral director they for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with

page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papithe State Board of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs

after death.

IDING PHYSICIAN: The law requires that the death certificate be executed within 24



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03129 funeral 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE Maryland b. COUNTY Charles Charles by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) by write RURAL and give neerest town) La Plata La Plata 5 filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM Route #5 Route #6 YES NO completely 3. NAME OF Middle 4. DATE Month Day Year DECEASED DEATH (Type or print) William Bruce 196 within and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. lest birthday) December 12,1898 WIDOWED X DIVORCED T Male 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stete, or foreign country) remove done during most of working life, even if retired) U.S.A. U.S. Marshall-Retired U.S. Government La Plata , maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending r .= law requires that the death Jennie Stone John Matthews 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Temple Hills removal, (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) NING PHYSICIAN: The law requirement by the hospital or attending physician. After this certificate has been signed by the After this certificate has been right of the burial-transit permit. Yes Mr. William Bruce Matthews- Son/-Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line to/(a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate ceuse DUE TO (a), stating the underlying ceuse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While DIRECTOR: Aft Hour a.m. et work at work 54 to. 73/...., 19.52, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... should saw the deceased alive on 22b. DATE 22e. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. FUNERAL rector, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) . Largland director, be filed v 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) La Plata . mar land TO Mt. Rest Cemetery Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE 15M 9/60 Archart Funeral Home . Inc. - La Plata arthur & Hears

MARYLAND STATE DEPARTMENT OF HEALTH

81 150 THE THE PROPERTY OF THE PARTY O ENGLAND TO THE THE PARTY OF THE

FOR STATE HEALTH DEPT. TO DEPUTY IN CAL EXAMINER. This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar of Haelith, or its designated agent, prior to burial, cremetion, or removal, and in any event within 72 hour after death.

MARYLAND STATE DEPARTMENT OF HEALTH AS STATISTICAL DECEADOR AND DECODOS 301 W DESTON STREET BALTIMODE 1 MADVIAND

03130 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 03120
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission)
o. COUNTY Charles MARYLAND	o. STATE New York b. COUNTY Monroe
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town)
La Plata 12 Hours	Rochester 69×3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Physicans Memorial Hospital	15 Navarre Road YES No X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) EDWIN R. NORTHRUP	DEATH March 24, 1962
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	May 10, 1903 lest birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
General Foreman Kodak Company	Rochester , New York U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Unkown) Northrup	Lucie Pratt
	NFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	#15 Navarre Road
	. Anita Northrup - Wife- Rochester 21, N.Y.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRO	VASCULAR ACCIDENT 15 HOUR
44 X DUE TO 14:0-0-1	OUT ANTONICE I FROM
Conditions, if eny, which	SIVE ARTERIOSCLESONC
gave rise to immediate cause	JETIC .
(e), steting the underlying DUE TO	
cause lest. (c)	A DELAYER TO THE TERMINAL BUSINESS CONTRIBUTION OF THE TERMINAL BUSINE
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DEDECORMED?
AUTO ACCIDENT, MINOR	, AT TIME OF CVA YES NO D
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NO PORT II, OTHER SIGNIFICA	nter neture of Injury In Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
	ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from: Natural causes . Accident . Suici	
(1) 1 1 10 1	CHIEF MEDICAL EXAMINER
ACTUAL Coberto Merila	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER () MARCHINER ()
Robert W. Merkle M.D.	La Plata (Street Marrix Landunty)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
Burial 3/28/1962 Riverside Cem	Rochester , New York
23. FUNERAL DIRECTOR P A 1-7/ ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
medial Tuntial Home, one	Md. DATE MAR 2 7 '62 Carthur S. Throne
Archart FuneralHome . Inc La Plata	Md. I DATE WE WE WE

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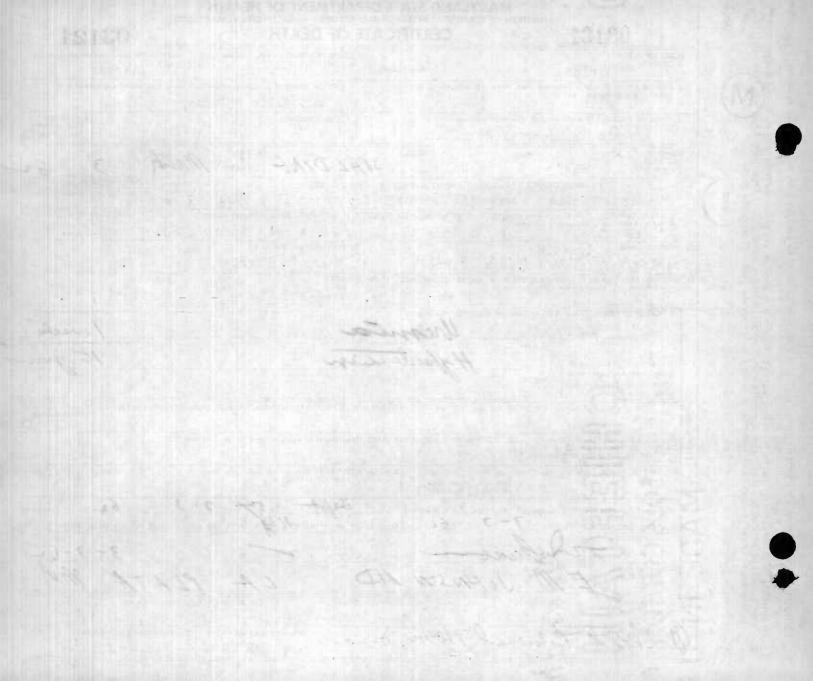
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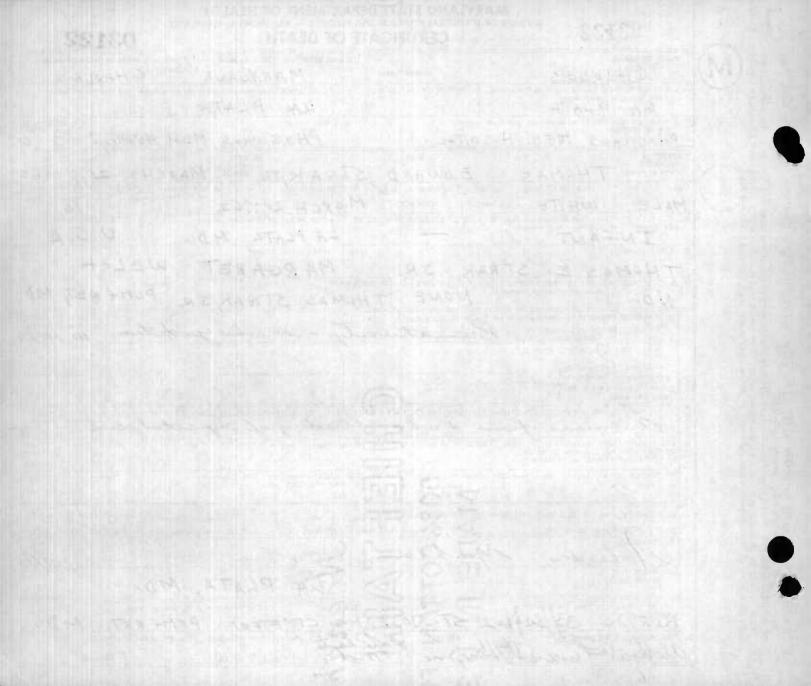
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 03131

03121

1. PLACE OF DEATH a. COUNTY Charles	MARYLAND	a. STATE Maryland b. COUNTY	Charles
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RI	JRAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Physicas Memorial Ho		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) MARY	Middle CARROLL	SPAL DING 4. DATE OF MAIN	Day Year 1962
5. SEX 6. COLOR OR RACE 7. MARRI WIDOWEI	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH September 23, 1903 58 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af work dane lob. to during most of working life, even if retired) House life	IND OF BUSINESS OR INDU	St. Mary's County , Md.	U.S.A.
13. FATHER'S NAME Ignatius Charles/Budy//Jadds 4//Spa.	/ Carroll	14. MOTHER'S MAIDEN NAME Mary H. Norris	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		nformant Adding -Son- La	
18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)		ia	INTERVAL BETWEEN ONSET AND DEATH WEELS.
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS C	Hyperiters ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	YEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TY
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While at wark	Nat while fo	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) actory, street, affice bldg., etc.)	(Caunty) (State)
21. I certify that (I) (this haspital) attends		death accurred at 23 M, from the causes an	d an the date stated abave.
22a. SIGNATURE Profilica	,	M.D. ATTENDING ALED. STAFF PHYS. DIRECTOR PHYS.	3-3-6 SIGNED
22c. PHYSICIAN'S AME (Type)	4NSON 11-	D 22d. ADDRESS LA PLA	TA med
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3/6/1962	23c. NAME OF CEMETERY C		or county) (State)
24. PINERAL DIRECTOR'S GENERAL HOME IN	prosme, o	20-	STRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 03132 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND funerol b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? PHYSICANS YES NO 1 puo NAME OF Middle 4. DATE OF DEATH (Type ar print) 1963 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 17 8. DATE OF BIRTH 9. AGE (In years last birthdoy) WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME WELCH. MARGARET 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT POMERET, MD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while at wark at work sow the deceased alive on_______19___, and that death accurred at____M, from the causes and an the date stated above. 22a SIGNATURE ATTENDING DIRECTOR T 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23g. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) CEMETERY 0 25a. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE Civina S. Trans



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03133 ssary, pleose exe-Page 4 should be PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Charles b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) 2-days Menierov Rural -Naniemov d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X NAME OF 4. DATE Your Middle Lost Month Day Year OF DEATH (Type or print) 19 Semial Tesacher Swann 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) 2 with the Months Min. Days Hours WIDOWED DIVORCED [3 to 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Marvland None TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Melvin Swann Ruby Keys 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Give - Nanjemoy Maryland Mother-Ruby Swann None PM3 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Engumonia Broncho 2-Dave buriol-tronsit **DUE TO** Conditions, if ony, which Upper respiratory Infection 2-Days gove rise to immediate cause DUE TO (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hall 19, WAS AUTOPS 03 PERFORMED? used YES [NO T 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Part I or Part II of item 18.) pe PRIMARY OF CONTRIBUTING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slate) vriting the wief Medical 1 factory, street, office bldg., etc.) While Nat while m at work at work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection TV. Inquiry In and find that to the chief DIRECTOR: 1 death resulted from: Notural causes Th Accident . Suicide . Homicide . Undetermined couse . DATE SIGNED SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER TO FUNERAL 3-23-62 Indian Headour Moday kander orward NAME (Type) James E Andrews MD 220. BURIAL/CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL_(Specify) 3/24/1962 Church of Lord Jeasus Christ Cemetery - Ironsides ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) winis & Thomas Archart Funeral Home . Inc. - La Plata MAR 2 5M 9/55

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03135 **DEUNERAL DIRE.** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event within 72 hours after death. fter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

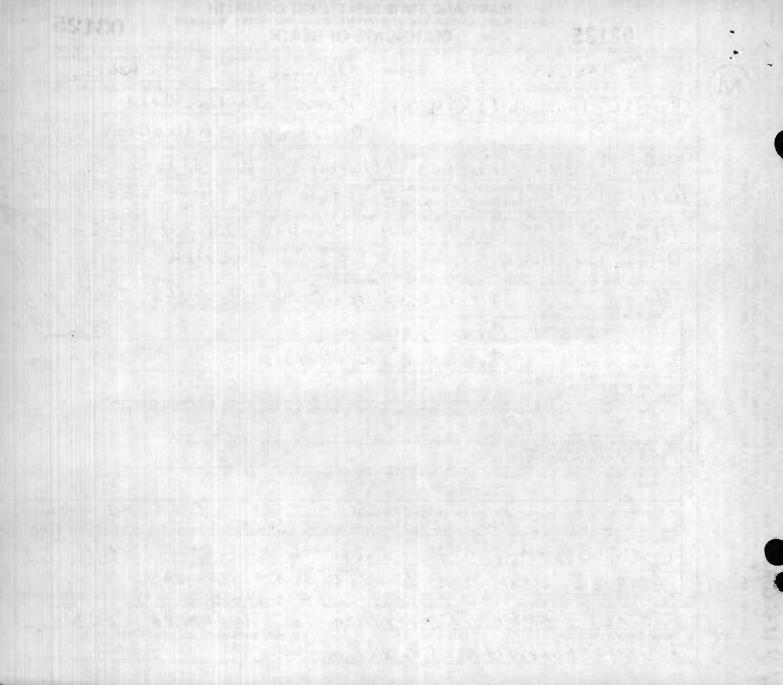
CERTIFICATE OF DEATH

03125

L	SOLUTION CONTINUENT CO
1	PLACE OF DEATH o. COUNTY CHAREES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY Chare b. COUNTY Chare county co
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL - Tindra Had. 25 years. Rural Indian Head.
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION O. IS RESIDEN ON A FAR YES NO
3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) OF DEATH MARCH 2 19
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours No. Months Doys Hours No. No.
10	to USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Lanter 12. CITIZEN OF WHAT COUNTRY Charles Co. Llanglad.
13	Henry Lee Welch Susan L. Welch.
19	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (es. no got pinknown) (If yes. give war or dates of service) 214-32-8463 Wife Bessie Lee Welch, Indian He
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
	Conditions if ony, which gave rise to immediate couse (a), stating the under DUE TO DUE TO DUE TO Coronary artery displace. 2 ½ 9/2
	lying couse lost. (c)
NOITA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO- PERFORME YES
CEDTIE	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.)
TA COOPE	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while ot work of two
	21. I certify that (I) (this hospital) attended the deceased fram. Sent. 1957, ta - Men. 1962, that (I) (we) sow the deceased alive an 2 Men. 1962, and that death occurred at Colom, fram the causes and on the date stated ab
	220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED. DIRECTOR STAFF 221. DA M.D. PHYS. DIRECTOR DIREC
	22c. PHYSICIAN'S LAPLATA, MARY, LAND LA PLATA, MARY, LAND
2	BONDAL (Specify) 3-5-62 TRINITY MEMORIAL (SPECIFY) 236. DATE THEREOF DATE THE DATE THEREOF DATE THE THEREOF DATE THEREOF DATE THE THE THE THE THE THE THE THE THE T
2	The HUNTT FUNEY & HOME WALDORF, MD DATE 6 '62 CHICAGO & Thomas

may be regarde TO HOSPI VR A1S (4) 1SM 9/S9

ENDING PHYSICIAN: The law requires that the death certificate be



ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) Rural filled e. IS RESIDENCE d. NAME OF ME ON A FARM? YES NO T completely 3. NAME OF DATE DECEASED OF (Type or print) DEATH IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 7. MARRIED rdey) Months Devs Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done durint most of working life, even if retired) Charles Lounty At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Then please Margaret Crismond Alvin Langley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or detes of service) Mr. A. Clay Millett-Husband-Powfret, Ar land Unitown ending physician. been signed by the 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN C MC+AS+ASis S PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gava risa to immadiata cause DUE TO (a), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19. WAS AUTOPSY PERFORMEDZ YES NO F 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from... that (I) (we) last 190 -, and that death occured at A.TM, from the causes and on the date stated above. saw the deceased alive 22b. DATE 22e. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. MD FUNERAL 22d. ADDRES 22c. PHYSICIAN'S NAME (Type TO FUNE director, 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL Specify March10, 1962 Suitland . Maryland Cedar Hill Jemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Archart Funeral Home, Inc. - un Plata, I.d. DATE MAR 1 4 '62 Chilling & House

MARYLAND STATE DEPARTMENT OF HEALTH

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